

# BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

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INTELLECTUAL PROPERTY LAW  
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## FACSIMILE COVER SHEET

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Deliver to: Edward J. Cain, USPTO Art Group: 1714  
 Facsimile No.: 703 872-9306 Date: April 11, 2005  
 From: William W. Schaal, Reg. No. 39,018  
 Our Docket No.: 42390P10938X Number of pages 12, including this sheet.  
 Application No.: 10/034,699 Filing Date: 12/27/2001  
 Docket Due Date(s): 4/12/2005

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>Response</u> ( <u>7</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief ( <u>      </u> pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ <u>(      </u> pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet ( <u>      </u> pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of <u>Eacsimila</u>	<input type="checkbox"/> Reply Brief ( <u>      </u> pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA ( <u>      </u> pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: <u>      </u> sheets, <u>      </u> figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion ( <u>      </u> pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 ( <u>      </u> pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Transmittal Letter

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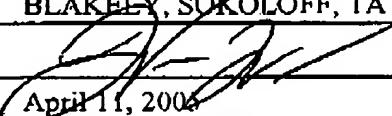
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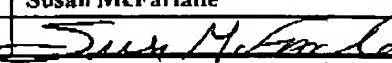
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/034,699
		Filing Date	December 27, 2001
		First Named Inventor	James C. Matayabas, Jr.
		Art Unit	1714
		Examiner Name	Edward J. Cain
Total Number of Pages in This Submission	11	Attorney Docket Number	42390P10938X

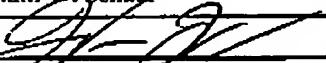
<b>ENCLOSURES (check all that apply)</b>					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)			
		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Remarks</td> <td style="padding: 2px;"></td> </tr> </table>				Remarks	
Remarks					

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 <b>BLAKELY, SOKOLOFF, TAYLOR &amp; ZAFMAN LLP</b>
Signature	
Date	April 11, 2005

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Signature		Date	April 11, 2005

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SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

<b>FEE TRANSMITTAL for FY 2005</b>		Complete if Known																																																																
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<b>METHOD OF PAYMENT</b> (check all that apply)																																																																		
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																																		
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2666   Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP																																																																		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																																																		
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<b>1. EXTRA CLAIM FEES</b> <table style="margin-left: auto; margin-right: auto;"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <td>26</td> <td>30*</td> <td>0</td> <td>\$0.00</td> </tr> <tr> <td>Independent Claims</td> <td>5</td> <td>0</td> <td>\$0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>200.00</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Total Claims	Extra Claims	Fee from below	Fee Paid	26	30*	0	\$0.00	Independent Claims	5	0	\$0.00	Multiple Dependent		200.00	\$0.00																																															
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SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	William W. Schaeff	Registration No. (Attorney/Agent)	39,018	Telephone (714) 557-3800
Signature			Date	04/11/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ver) 12/15/2004.  
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